

STATE OF CALIFORNIA
CERTIFICATE OF INSURANCE FOR CLOSURE

ATTACHMENT 1

Reliance Insurance Company of Illinois

Name of Insurer

(the "Insurer"), of Freeport, Illinois

Address of Insurer

License Number: 159-24481

Oxford Tire Recycling of Northern California, Inc.

Name of Insured

(the "Insured"), of P.O. Box 969, Westley, CA 95387

Address of Insured

Major Waste Tire Facilities Covered: (Enter closure amounts separately. All amount must total face amount.)

Name: Westley Tire Pile

Address: 4561 Ingram Creek Road, Westley, CA 95387

Major Waste Tire Facility

Identification Number: 50TI0010

Closure Insurance Amount: \$1,000,000

Policy Number: NTA251274101 Effective Date: 3/27/97

Face Amount: \$1,000,000

INSURER CERTIFICATION

The insured hereby certifies that it has issued to the insured the identified policy of insurance to provide financial assurance for Closure for the facility(ies) identified above. The policy provides that monies identified in the face amount above will be available to close the Major Waste Tire Facility(ies) whenever closure occurs. The term "face amount" means the total amount the insurer is obligated to pay under the policy. Actual payments by the insurer will not change the face amount, although the insurer's future liability will be lowered by the amount of the payments. The insurer further warrants that the policy conforms in all respects with the coverage for closure requirements of Division 30, Section 42821(c) of the Public Resources Code, the regulations of the California Department of Insurance and under the terms and conditions described in Division 1 of the California Insurance Code for the facility(ies) identified above, as applicable and as such regulations were constituted on the date shown below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

The insurer certifies that it will not cancel, terminate, or fail to renew this policy except for failure to pay the premium, and that the automatic renewal of the policy provides the insured with the option of renewal at the face amount of the expiring policy. If there is a failure to pay the premium and the insurer elects to cancel, terminate or not renew the policy, the insurer will send notice by either registered or certified mail to the operator, the California Integrated Waste Management Board (CIWMB) and the local enforcement agency. Cancellation, termination, or failure to renew may not occur, however, during the one hundred twenty (120) days beginning with the date of receipt of the notice by the operator, the CIWMB and the local enforcement agency, as evidenced by the return receipt. Cancellation, termination, or failure to renew will not occur and the policy will remain in full force and effect in the event that on or before the date of expiration:

- (1) The Board or local enforcement agency deems the facility abandoned; or
- (2) The permit is terminated or revoked or a new permit is denied by the Board or local enforcement agency; or
- (3) Closure is ordered by the Board, or any other State or federal agency, or a court of competent jurisdiction; or
- (4) The operator is named as a debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code; or
- (5) The premium due is paid.

The Insurer further certifies that reimbursements for closure and/or postclosure maintenance expenditures will be granted only if the remaining value of the policy is sufficient to cover the remaining approved costs of closure or postclosure and if the expenditures have been reviewed and approved in writing by the CIWMB or its designee.

Whenever requested by the California Integrated Waste Management Board of the State of California, the insurer agrees to furnish to the Board a certified copy of the original policy listed above, including all endorsements thereon.

In the event this policy is used in combination with another mechanism, this policy shall be considered primary _____ or excess X (check one) coverage.

The parties below certify and sign under penalty of perjury that the information in this document is true and correct to the best of his or her knowledge, and is being executed in accordance with the requirements of Public Resources Code, Section 43600.

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(Authorized Signature of Insurer)

Mark Vuono

(Typed or Printed Name of Person Signing)

Executive Vice President

(Title)

Lynda S. Keretzman
(Notary Signature and Seal)

Notarial Seal
Lynda S. Keretzman, Notary Public
Uwchlan Twp., Chester County
My Commission Expires June 19, 2000
Member, Pennsylvania Association of Notaries

7/24/97
(Date)

Privacy Statement

The information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(c)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: California Integrated Waste Management Board

UNIT RESPONSIBLE FOR MAINTENANCE FOR FORM. Financial Assurances Section, California Integrated Waste Management Board, 8800 Cal Center Drive, Sacramento, CA 95826. Contact the Manager, Financial Assurances Section, at (916) 255-2200.

AUTHORITY: Public Resources Code section 42821

PURPOSE: The information provided will be used to verify adequate financial assurance for the major waste tire facility or facilities listed.

REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a major waste tire facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board, 8800 Cal Center Drive, Sacramento, CA 95826, (916) 235-2200

NOTICE OF CANCELLATION, NONRENEWAL,
CONDITIONED RENEWAL OR CHANGE IN
POLICY PREMIUM/TERMS

(California)

INSURANCE
COMPANYReliance Insurance Company of Illinois
Freeport, IllinoisNAME AND
ADDRESS
OF INSUREDOXFORD TIRE RECYCLING OF
NORTHERN CALIFORNIA, INC.
4561 Ingram Creek Road
P.O. Box 969
Westley, CA 95387

KIND OF POLICY

Closure and/or Post Closure

POLICY NO. NTA251274102

CANCELLATION, EXPIRATION OR CHANGE WILL TAKE EFFECT AT

August 8, 1998, 12:01 A.M.

DATE OF MAILING: April 15, 1998

ISSUED THROUGH AGENCY OR OFFICE AT:

ECS, Inc., 520 Eagleview Blvd.,
P.O. Box 636, Exton, PA 19341-0636(Applicable item marked ☒)CANCEL-
LATION☒ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above.☒ Reason for cancellation: Nonpayment of premium☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above.

Reason(s) for cancellation: _____

If this cancellation pertains to a policy providing insurance on real property used predominantly for residential purposes, consisting of not more than four dwelling units, or on personal property other than used in the conduct of a commercial or industrial enterprise, or for legal liability primarily for risks other than those arising from the conduct of a commercial or industrial enterprise, and the policy, if an original, has been in effect 60 days or more or it is a renewal, upon your written request we will furnish the facts on which the cancellation is based.

See also the "Important Notices" section below for Additional Information Regarding the Reason(s) for Cancellation, and for other information that may apply.

Premium
Adjustment☐ A bill for the premium earned to the time of cancellation will be forwarded in due course.☐ Premium adjustment will be made as soon as practicable after cancellation becomes effective.☐ Enclosed is \$ _____, being the amount of return premium at pro rata rate for the unexpired term of this policy.☐ The excess of paid premium, if any, above the pro rata premium for the expired time, (if not tendered) will be refunded upon demand.☐ Other: _____NON-
RENEWAL☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

Reason(s) for nonrenewal: _____

See the "Important Notices" section below for other information that may apply.

CONDI-
TIONED
RENEWAL☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned policy, which will expire effective at and from the hour and date mentioned above, will be renewed, however, the renewal will be conditioned on one or more of the following changes being made in the renewal policy (such being a reduction of limits, elimination of coverages, increase in deductibles, increase in the rate upon which the premium is based):

Description of change(s) and/or the amount of any premium increase (description continued on separate sheet if necessary): _____

CHANGE
IN POLICY
PREMIUMS/
TERMS☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that there will be a premium increase, reduction in limits and/or change in policy conditions applying to the above mentioned policy effective at and from the hour and date mentioned above. The changes are described below.

FACILITY FILE CARBON COPY

Description of change(s) and/or the amount of any premium increase (description continued on separate sheet if necessary): _____

ORIGINAL TO FILE # _____

SUBMITTED BY _____ DATE _____

COPY TO _____

Reason(s) for change(s): _____

COPY TO _____

COPY TO _____

COPY TO _____

IMPORTANT
NOTICES

Automobile Insurance Plan Information: If this notice of cancellation or nonrenewal applies to automobile insurance, you are possible eligible for automobile insurance through another insurer or under the California Automobile Assigned Risk Insurance Plan.

California FAIR Plan Association (applicable only to policies providing fire insurance): You have been notified herewith that this Company will no longer be carrying your insurance. If you wish to replace your policy you should make an effort to obtain insurance through another company in the normal market. If you have difficulty in procuring replacement coverage in the normal market you possibly may obtain basic fire insurance coverages through the California Fair Plan Association. Insurance through the Association is available only in certain areas of the state. For further information or assistance in obtaining basic property insurance through the FAIR Plan, please contact your agent or broker or the Plan at 1-213-427-3060 or 1-800-252-0089 (in California only).

Additional Information Regarding the Reason(s) for Cancellation/Nonrenewal (applicable only to policies providing insurance primarily for personal, family or household needs rather than business or professional needs, except this provision does not apply if termination is due to nonpayment of premium): You have the right to know the specific items of information that support the reason(s) given for this decision and the identity of the source of that information. You also have the right to see and obtain copies of documents relating to this decision.

If you ask us to correct, amend, or delete any information about you in our files and if we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it.

If you would like additional information concerning this action, state law requires that you submit a written request within ninety (90) business days of the date this notice was mailed to you. Please send your request to:

☐ Consumer Report: In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being wholly or partly because of information contained in a consumer report from the following consumer reporting agency: _____